

# 2015-16 HOUSEHOLD AND INCOME FORM (HIF)

All Ballard County schools are participating in the Community Eligibility Provision under the National School Lunch Program. Under CEP, **all** children in any school may receive breakfast and lunch at no charge, regardless of income or completion of this form. However, to determine eligibility for various additional state and federal program benefits for which your child(ren) may qualify, please complete, sign and return this application to your school.

<b>Part 1. All Household Members</b>				
Names of <u>all</u> people living in your household (first, middle initial, last)	School the child attends, or indicate "NA" if household member is not in school	Grade Level	Check if a foster child (legal responsibility of welfare agency or court). If <u>all</u> children listed below are foster children, please <b>skip to Part 5</b> .	Check if <b>NO</b> income
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

<b>PART 2. Benefits</b>
<p>IF <b>ANY</b> MEMBER OF YOUR HOUSEHOLD RECEIVES <b>SNAP</b> or <b>KTAP</b>, PLEASE PROVIDE THE NAME AND CASE NUMBER FOR THE PERSON WHO RECEIVES BENEFITS AND <b>SKIP TO PART 5</b>. IF NO ONE RECEIVES THESE BENEFITS, PLEASE GO TO PART 3.</p> <p>Name: _____</p> <p>Case number: _____</p>

<b>Part 3. Homeless, Migrant, Runaway Status</b>
<p>IF ANY CHILD YOU ARE APPLYING FOR IS HOMELESS, MIGRANT, OR A RUNAWAY, CHECK THE APPROPRIATE BOX AND CALL BOB WILSON AT 270-665-9400, EXT. 2014.</p> <p>HOMELESS <input type="checkbox"/> MIGRANT <input type="checkbox"/> RUNAWAY <input type="checkbox"/></p>

**Part 4. Total Household Gross income (BEFORE DEDUCTIONS).** Please list all income on the same line as the person who receives it. Please check the box for how often it is received. **PLEASE RECORD EACH INCOME ONLY ONCE.** If you provided a case number in Part 2, you do **not** need to provide income information.

1. Name (List only household members with income)	2. Gross income and how often it was received															
	Earnings from work before deductions	Weekly	Every 2 Weeks	Twice Monthly	Monthly	Welfare, child support, alimony	Weekly	Every 2 Weeks	Twice Monthly	Monthly	Pensions, retirement, Social Security, SSI, VA benefits	Weekly	Every 2 Weeks	Twice Monthly	Monthly	All other income (indicate frequency, such as "weekly," "every 2 weeks," "monthly.")
(Example) Jane Smith	\$200	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$150	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$50 / monthly
\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ /
\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ /
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\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ /

<b>Part 5. Signature (Adult HOUSEHOLD MEMBER must sign)</b>
<p>An adult household member must sign the form.</p> <p><i>I certify (promise) that all information on this form is true and that all income is reported. I understand that the school will get state and federal funds based on the information I give. I understand that school officials may verify (check) the information. I understand that if I purposely give false information, my child(ren) may lose benefits.</i></p> <p>Sign here: _____ Print name: _____ Date: _____</p> <p>Address: _____ City: _____ State: _____ Zip Code: _____</p> <p>Phone Number: _____ Cell Phone Number: _____</p>

**Privacy Notice**

The Kentucky Department of Education is requiring schools to collect the information on this form. You do not have to give this information, but if you do not, we cannot determine your child's eligibility for additional benefits under state and federal programs. We will hold the information you provide us as private and confidential to the extent required by law. However, we will share your socioeconomic status with various state and federal programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules. Regardless, all students enrolled in a Community Eligibility Option school will receive a meal at no charge.

**Non-Discrimination Statement:** The U.S. Department of Agriculture (USDA) prohibits discrimination against its customers, employees and applicants for employment on the bases of race, color, national origin, sex, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or if all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.) If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint

Form, found online at [www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), or at any USDA office, or call 1-866-632-9992 to request the form. You also may write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Ave., S.W., Washington, D.C, 20250-9410; by fax to 1-202-690-7442; or by email to [program.intake@usda.gov](mailto:program.intake@usda.gov). Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at 1-800-877-8339, or in Spanish at 1-800-845-6136. USDA is an equal opportunity provider and employer.

**CHECKLIST**

- Have you included all your children as household members?
- For each household member receiving income, is the frequency checkbox checked?
- Have you signed the application?

***DO NOT fill out this part. This is for school use only.***

*Annual Income Conversion:* Weekly x 52; Every 2 Weeks x 26; Twice A Month x 24; Monthly x 12

Total Income: \_\_\_\_\_ Per:  Week  Every 2 Weeks  Twice A Month  Month  Year Household size: \_\_\_\_\_

Categorical Eligibility: \_\_\_ Date Withdrawn: \_\_\_\_\_ SES Code: Free\_\_\_ Reduced\_\_\_ Paid\_\_\_

Reason: \_\_\_\_\_

FRAM Coordinator: \_\_\_\_\_ Date: \_\_\_\_\_

Secondary Signature: \_\_\_\_\_ Date: \_\_\_\_\_